2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000002722

1. Entity Name
ISLAND POINTE AT BAY HARBOR CONDOMINIUM ASSOCIATION, INC.

FILED
06 APR 28 PM 1:05

Principal Place of Business
~~10195 COLLINS AVE~~ 10350 W. Bay Harbor Drive
~~BAL HARBOUR~~
~~BAY HARBOR, FL~~ 33154 Bay Harbor Islands, Florida 33154

Mailing Address
10350 W BAY HARBOR DR
BAY HARBOR, FL 33154

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04112006 Chg-NP CR2E037 (11/05)

4. FEI Number 06-1575242 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKRLD INC
201 ALHAMBRA CIR
STE 1102
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	~~WASMAN, STANLEY~~	NAME	KATHLEEN TAYLOR
STREET ADDRESS	10350 W BAY HARBOR DR	STREET ADDRESS	10350 W. Bay Harbor Drive
CITY-ST-ZIP	BAY HARBOR, FL 33154	CITY-ST-ZIP	Bay Harbor Islands Florida 33154
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLMAN, DENA	NAME	
STREET ADDRESS	10350 W BAY HARBOR DR	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR, FL 33154	CITY-ST-ZIP	
TITLE	ST ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	BUTLER, PATRICIA	NAME	
STREET ADDRESS	10350 W BAY HARBOR DR	STREET ADDRESS	100074459751
CITY-ST-ZIP	BAY HARBOR, FL 33154	CITY-ST-ZIP	05/12/06--01005--010 **61.25
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	DAREFTY, MARTY	NAME	
STREET ADDRESS	10350 W BAY HARBOR DR	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR, FL 33154	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	TJ 5/4/06
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/17/2006 305864-8296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #